24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
Progressive U.S.A. Voters	C C00532812
Check If X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Grassroots Voter Outreach	Э
	02 17 2013
Mailing Address 59 Temple Place Amo	
City State Zip Code	12060 00
Boston MA 02111	13969.00 saction ID : SE.4183
Purpose of Expenditure paid voter contact canvass Category/ Type 001	
Name of Federal Candidate Supported or Opposed by Expenditure:	President
DEBORAH L HALVORSON Check On	e: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursem 2013	nent For: Primary General Other (specify) Special-Primary
	<u> </u>
Full Name (Last, First, Middle Initial) of Payee Date	
	M M / D D / Y Y Y Y
Mailing Address Amo	ount.
	Julii
City State Zip Code	7 7 7
Purpose of Expenditure Category/ Type Office Sou	Canata ——
	President District:
Name of Federal Candidate Supported or Opposed by Expenditure: Check On	
Calendar Year-To-Date Per Election for Office Sought Disbursem	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	13969.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	13969.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Dyana Mason [Electronically Filed] Date 02	18 2013
Signature	